

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Lillian-Jella Brown X

CERTIFICATE OF DEATH

MARYLAND

Died at Sunderland)		Town	Calvert County			
Date of death	1909	Month April	Day 6	Age	Years	Months
Sex	Female		Color or Race	Negro		Birth-place
Occupation	None		Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband			
Father's Name	Unknown		Father's Birthplace	Unknown		
Mother's Maiden Name	Ella Brown		Mother's Birthplace	Dunkirk Md.		
Name of person giving Information	Mary Parker		How related to deceased	Grand Mother		
CAUSES OF DEATH						
Primary	151					
Secondary	7 days.					
Immediate	10 hours					

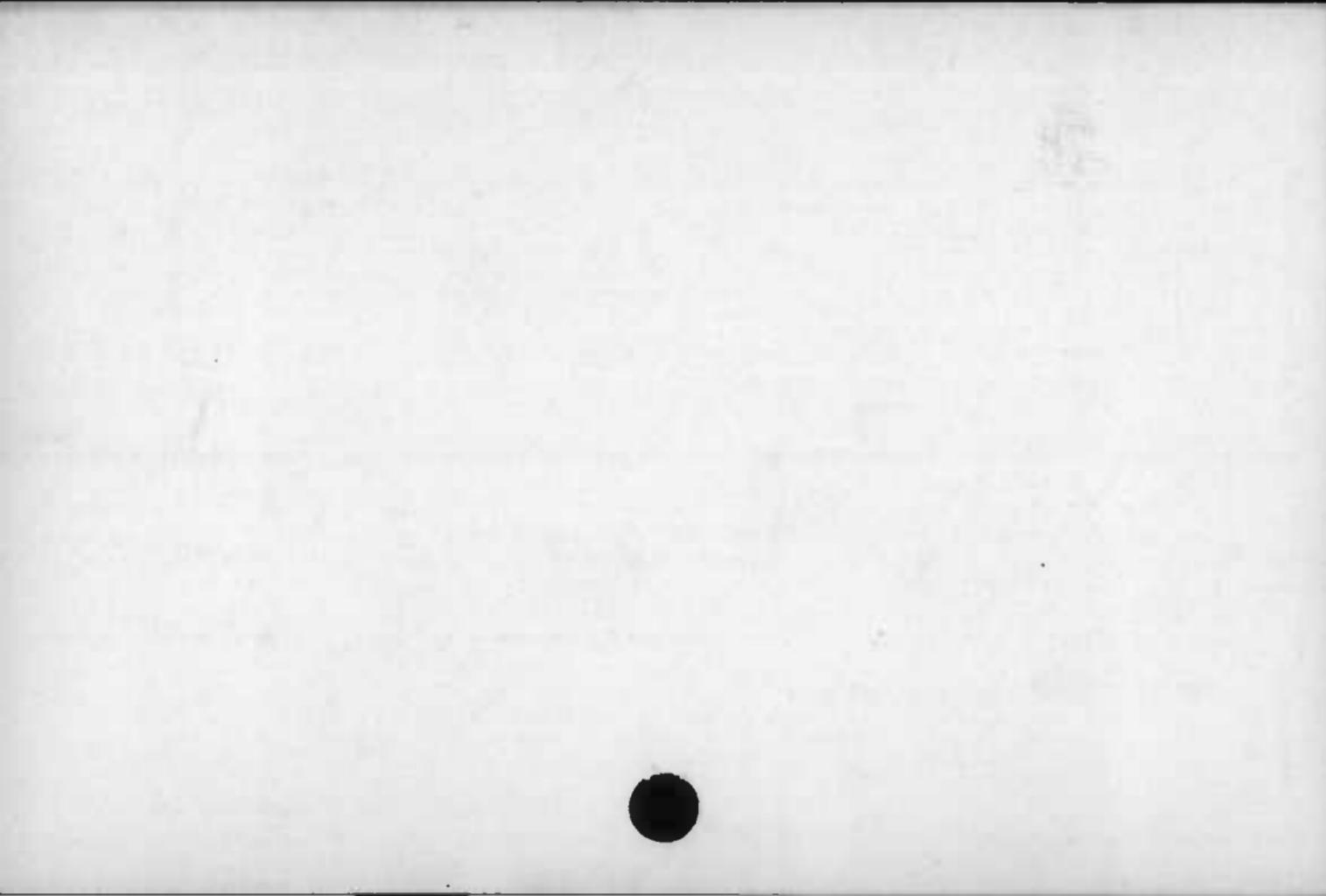
Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

Signature of Physician

Address

W. H. Talbot  
Cleopatra Beach  
Md.



Name  
in  
Full

Bellie Chase

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town		County			
Died at Sunderland		Calvert		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1909	Apr.	17	Age	11	20
Sex	Female	Color or Race	Black	Birth-place	Washington
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Benjamin Chase		Father's Birthplace	Cal. Co.	
Mother's Maiden Name	Mabel Chase		Mother's Birthplace	Washington, D.C.	
Name of person giving Information	Robt. Hawkinis		How related to deceased	Cousin	

CAUSES OF DEATH

Primary

Bronchitis Pneumonia

92

How long

3 wks

Immediate

Expansion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

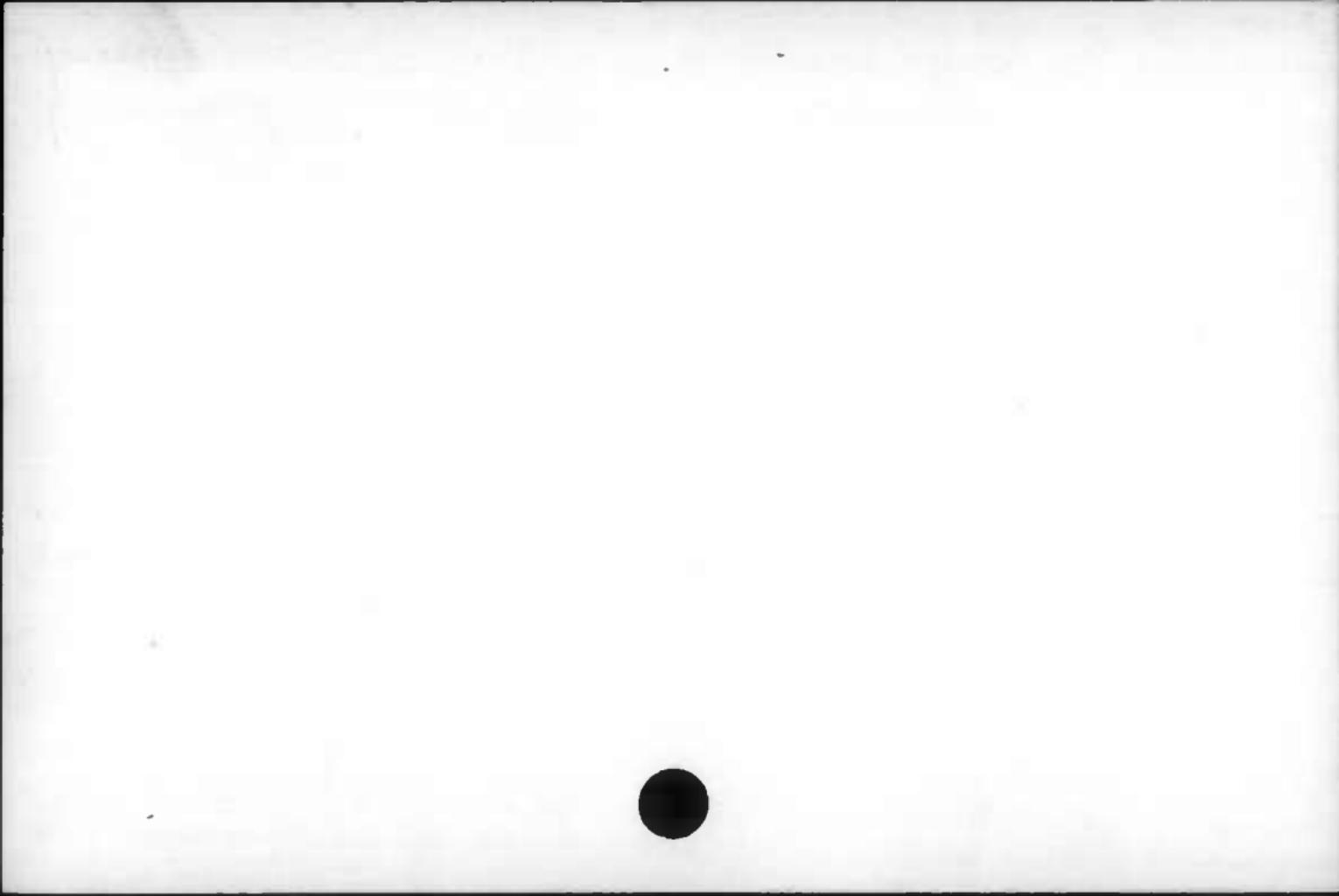
Signature of Physician

Address

J.W. Little,  
Huntington,  
Md.

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Julius Chase X

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town		County		MARYLAND	
Died at Huntington		Calvert			
Date of death	Month	Day	Years	Months	Days
1909	Apr	8	Age	7	23
Sex	Male	Color or Race	Black	Birth-place	Cal. Lao
Occupation			Where Residing if not et place of death		
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace	
Father's Name		Tom Chase		Cal. Lao	
Mother's Maiden Name		Annie Coats		Mother's Birthplace	
Name of person giving Information		Tom Chase		How related to deceased	
		CAUSES OF DEATH		104	
Primary	Indigestion		How long		
Immediate	Convulsions		6 hrs		

PHYSICIAN  
OR CORONER

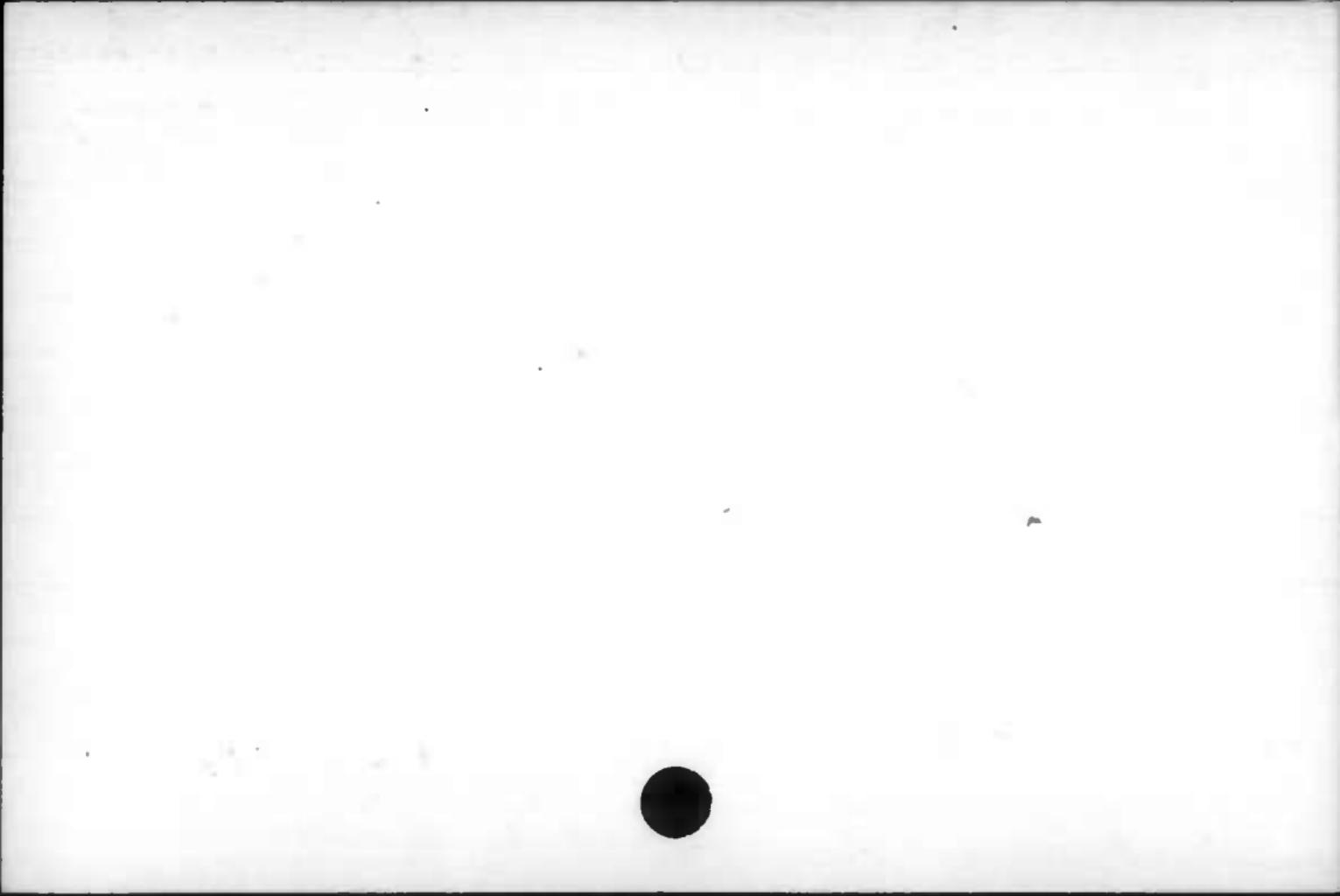
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Accident or Suicide

J.W. Leitch  
Huntington



Name  
in  
Full

Mary L Ebb

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Trafford</u> Town		County <u>Calvert</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>April</u>	Day <u>26</u>	Age <u>24</u>	Months <u>—</u>	Days <u>10</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Calvert Co Md</u>			
Occupation <u>Servant</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>none</u>				
Father's Name <u>Frederick Ebb</u>	Father's Birthplace <u>St Marys Co Md</u>				
Mother's Maiden Name <u>Lizzie Brown</u>	Mother's Birthplace <u>Calvert Co Md</u>				
Name of person giving information <u>Lizzie Ebb</u>	How related to deceased <u>Mother</u>				

CAUSES OF DEATH

27

Primary Pulmonary Tuberculosis

How long about 8 mos -

Immediate Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes

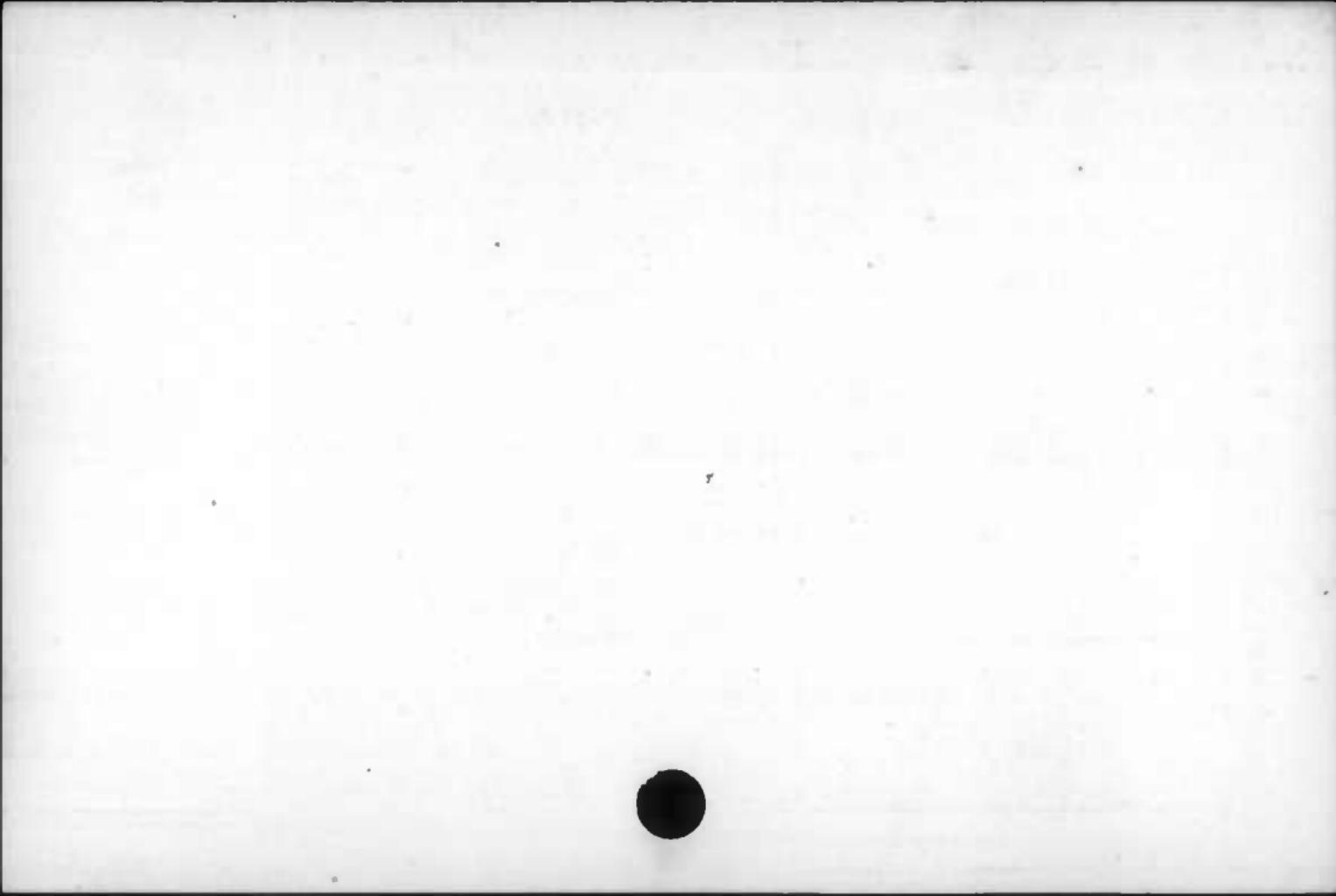
Signature  
Physician

Geo F Chambers MD

Address

Lusby, Calvert Co Md

Accident or Suicide?



Name  
in  
Full

Elizabeth Gray

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Chesapeake

Town

County

MARYLAND

Date  
of death

1909

Month

April

Day

30

Years

—

Months

7

Days

—

Sex

Female

Color or  
Race

Colored

Birth-  
place

Chesapeake, Md.

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

George Gray

Father's  
Birthplace

Chestertown, Md.

Mother's  
Maiden Name

Elizabeth Hawkins

Mother's  
Birthplace

Chestertown, Md.

Name of person giving  
Information

Elizabeth Gray

How related  
to deceased

Mother

CAUSES OF DEATH

8

Primary

Whooping-Cough

How long

2 weeks

Immediate

Convulsion

How long

2 mins.

Are the name, age, sex, color, date  
and place correctly given above?

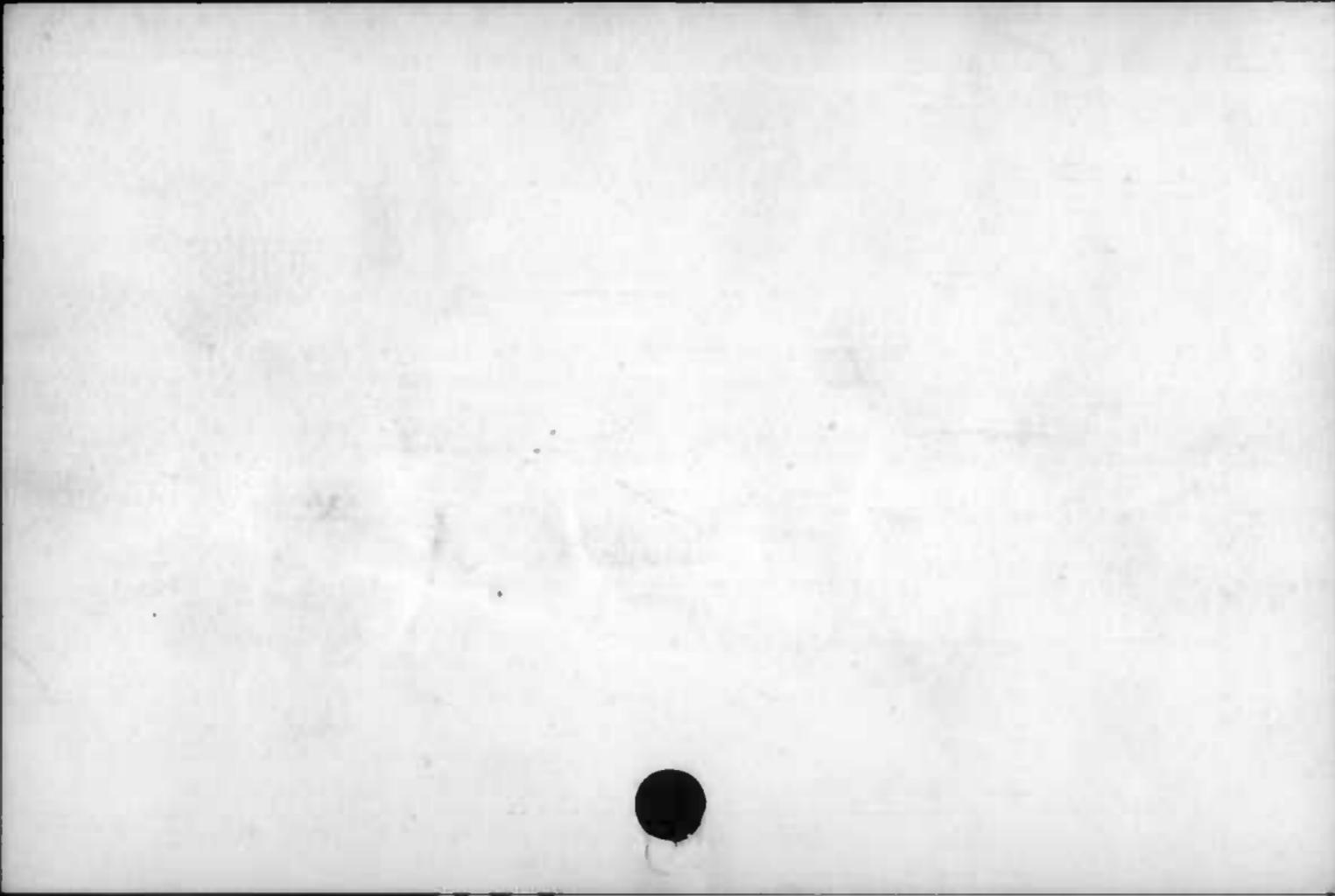
Signature of  
Physician

Address

W. P. M. Chapman, M.D.  
Chesapeake, Md.

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Calvert Gross Jr

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Wallville Town Calvert County  
Date of death 1909 Month April Day 9 Years 10 Age 10  
Sex Male Color or Race Colored  
Occupation Schoolboy Birth-place Wallville  
Where Residing if not at place of death  
Married, Single or Widowed  
Name of Wife or Husband  
Father's Name Calvert Gross Father's Birthplace Wallville  
Mother's Maiden Name Mary C. Chazey Mother's Birthplace Wallville  
Name of person giving information Calvert Gross How related to deceased  
Father

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary

Pulmonary tuberculosis

How long

9 months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

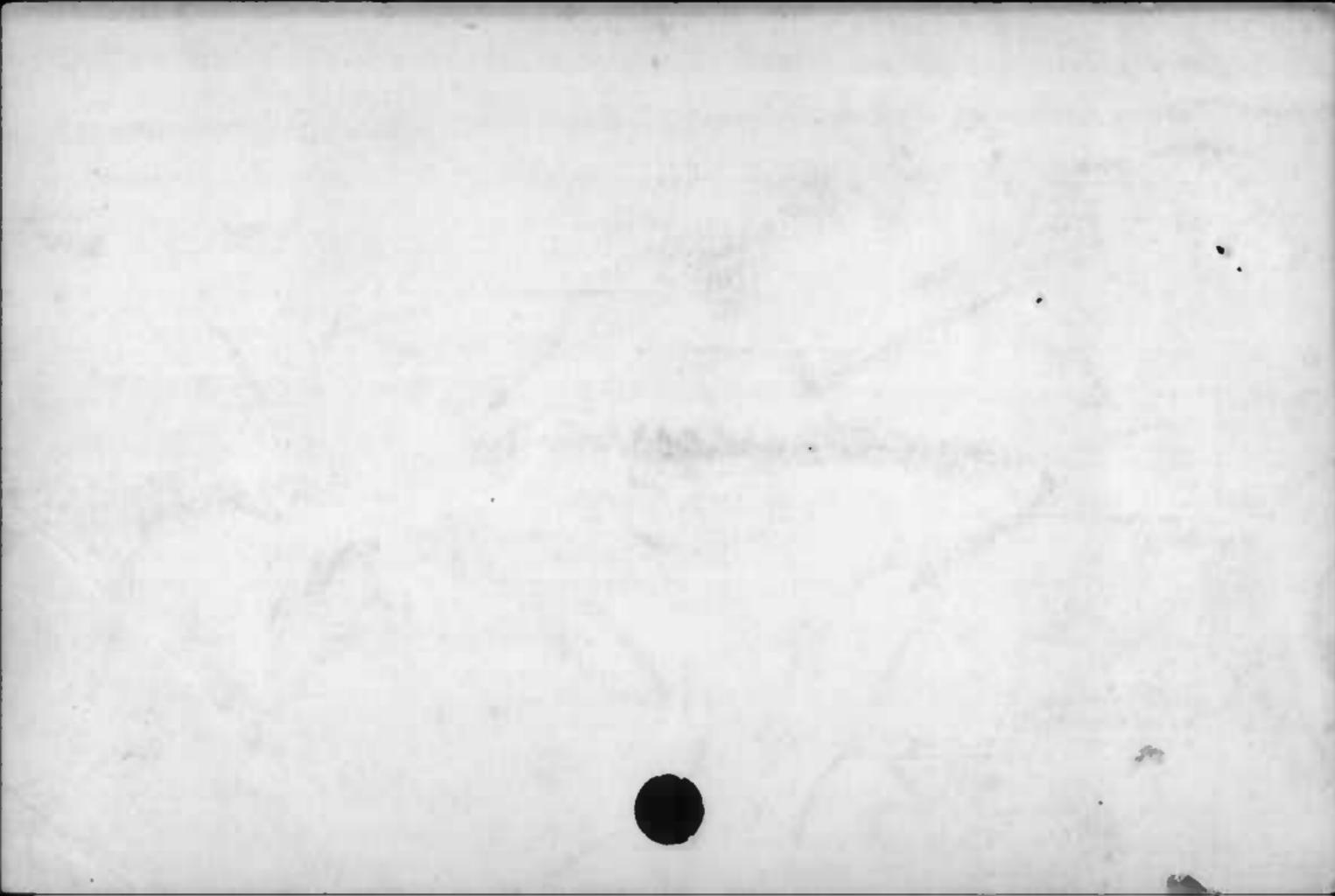
Signature of  
Physician

Address

George Peterson  
St. Leonards  
Md

I

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Shorman O. Gross

CERTIFICATE OF DEATH

Died at <u>Bozman</u>		Town <u>Calvert</u>		County <u>MARYLAND</u>	
Date of death <u>1909</u>	Month <u>April</u>	Day <u>28</u>	Years <u>1</u>	Months <u>11</u>	Days <u>10</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birthplace <u>Calvert Co Md</u>			
Occupation <u>None</u>	Where Residing if not at place of death <u>None</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>None</u>				
Father's Name <u>Joe Gross</u>	Father's Birthplace <u>Calvert Co Md</u>				
Mother's Maiden Name <u>Paula Began</u>	Mother's Birthplace <u>Calvert Co Md</u>				
Name of person giving information <u>Joe Gross</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

27

How long about 6 weeks

How long 4 days

Primary Tuberculosis

Immediate Meningitis

Are the name, age, sex, color, date and place correctly given above?

Yes

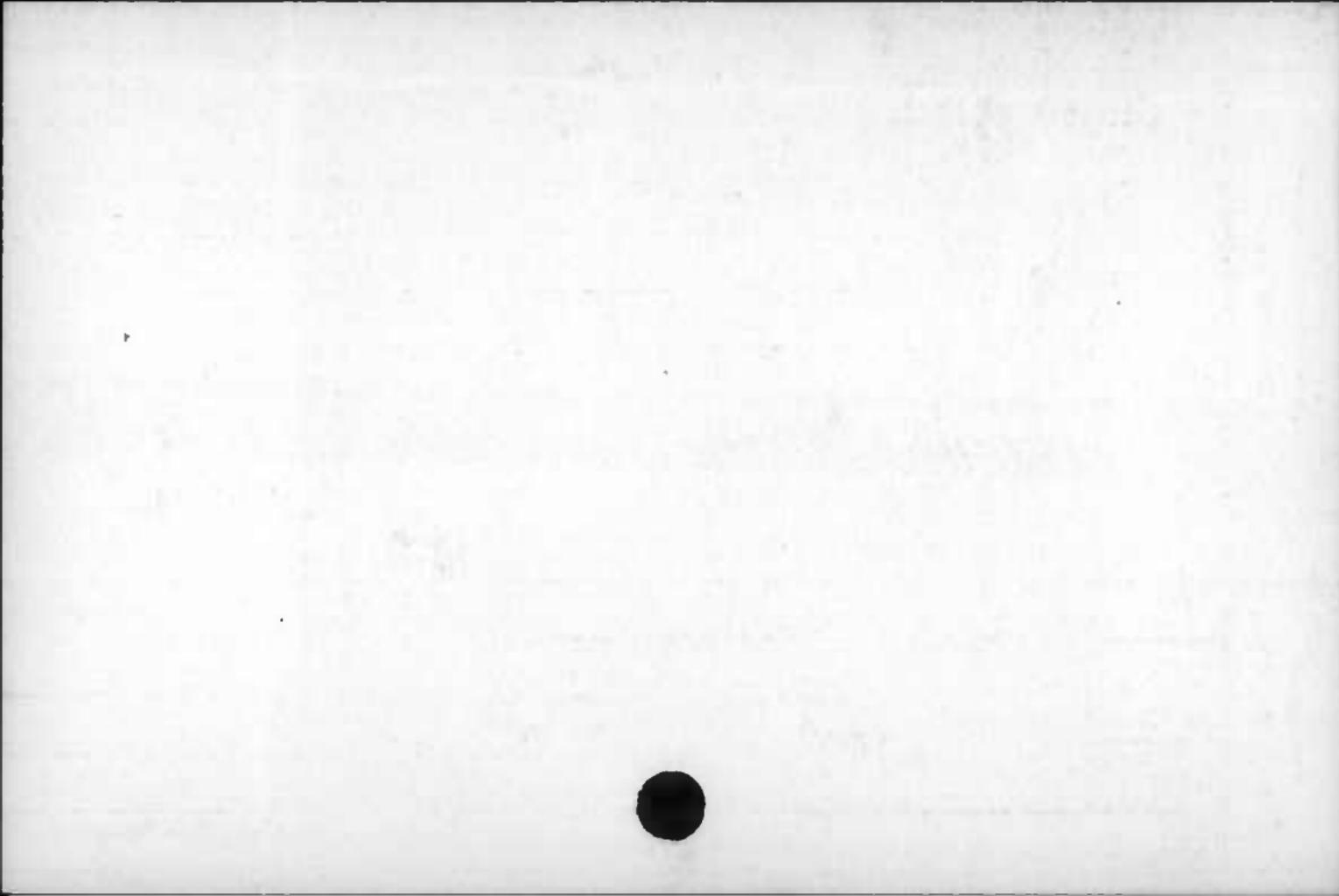
Signature of Physician

Joe F Chambers MD

Address

Lusby Calvert Co Md

Accident or Suicide?



Name  
in  
Full

W.S. Gross

7 CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1909	Month April	Day 15	Years 66	Month	Days
Sex	male	Color or Race	Colon 5	Birth-place	Calvert	
Occupation	Farmer	Where Residing if not at place of death			at marital	
Married, Single or Widowed	Married	Name of Wife or Husband		Susan Hartman		
Father's Name	Inv. Gross	Father's Birthplace			Calvert	
Mother's Maiden Name	Alinah "	Mother's Birthplace			Calvert	
Name of person giving information	Robt Taylor	How related to deceased			Son in law	

CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary

Pneumonia - a cold.

How long

6 days

Immediats

Are the name, age, sex, color, date and place correctly given above?

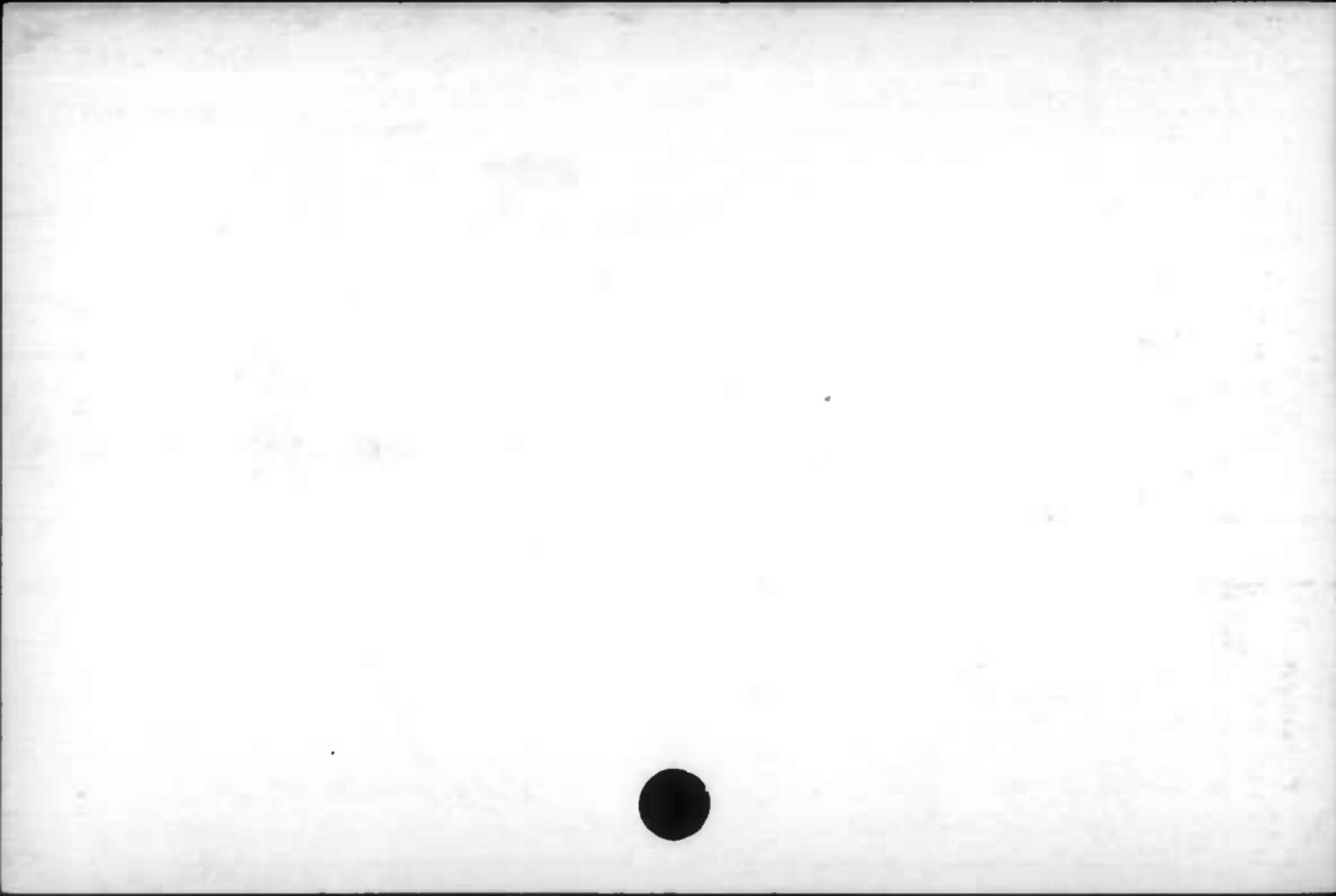
Yes

Signature of Physician

Address

Rebecca  
Marlinton

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

John J. Hardman Jr.					3	CERTIFICATE OF DEATH	
Died at		Town	County		MARYLAND		
Date of death	1909	Month June	Day 14	Years <del>33</del>	Months 13	Days	
Sex	Male	Color or Race	Colonist		Birth-place	Calvert	
Occupation	None	Where Residing if not st place of death					
Married, Single or Widowed	Name of Wife or Husband		None				
Father's Name	John J. Hardman		Father's Birthplace		Calvert		
Mother's Maiden Name	Mary Florence Groves		Mother's Birthplace		Calvert		
Name of person giving Information	John J. Hardman		How related <del>deceased</del>		Father		

CAUSES OF DEATH

Primary

Malnutrition

179

How long

4 mths

Immediate

Cholecystitis

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

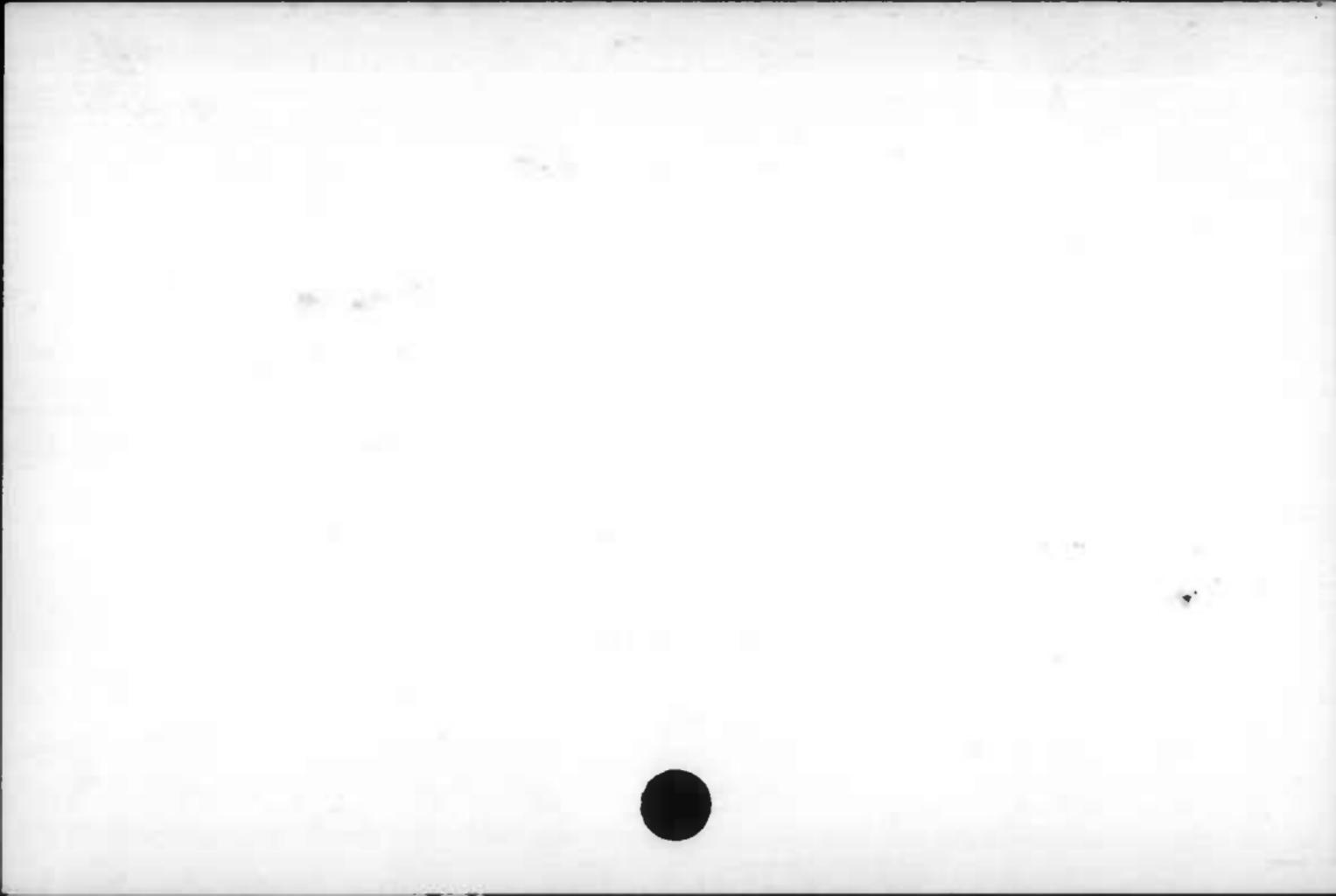
John Petersen

Yes

Address

1100 Maryland  
Calvert

Accident or Suicide



Name  
in  
Full

Mary Florence Hardman

2  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Calvert	MARYLAND			
Date of death	Month	Day	Age	Years	Months	
Sex	Female	Color or Race	Colored	Birth-place	Days	
Occupation	Housewife					Where Residing if not at place of death
Married, Single or Widowed	married	Name of Wife or Husband	Joseph John Hardman			
Father's Name	Calvert Gross					Father's Birthplace
Mother's Maiden Name	Mary Janey					Mother's Birthplace
Name of person giving Information	Joseph John Hardman					How related to deceased

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary Pulmonary tuberculosis  
How long 10 months

Immediate Exhaustion

How long

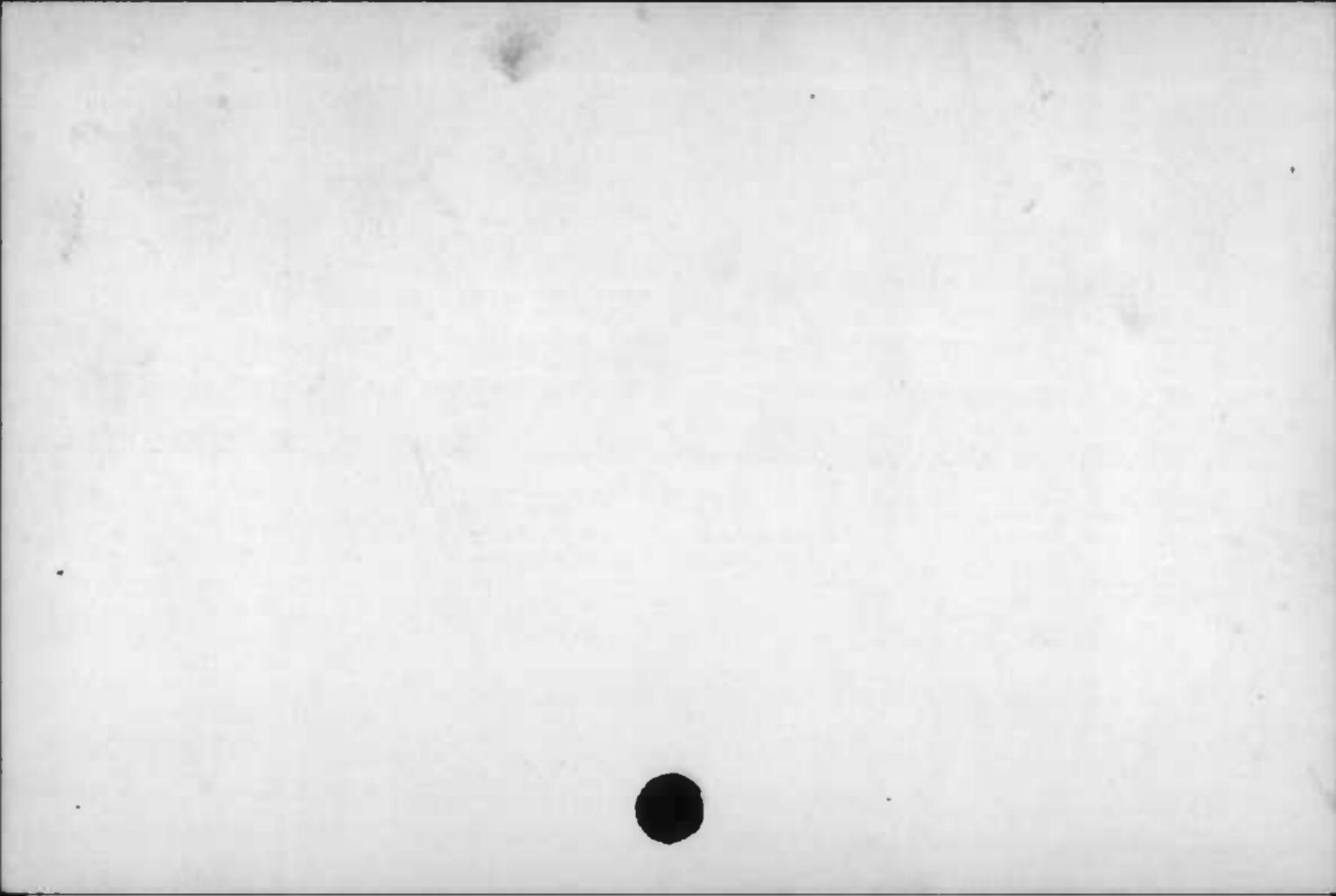
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

George Peterson,  
St. Leonard,  
Md.

Accident or Suicide?



Name  
in  
Full

Nora S Jenkins

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	190	Month April	Day 14	Years 29	Month	Days
Sex	Female	Color or Race	Colored		Birth-place	Calvert Co
Occupation	Housewife		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband		Abraham Jenkins			
Father's Name	Robert Henry Thomas		Father's Birthplace		Calvert Co	
Mother's Maiden Name	Not obtainable		Mother's Birthplace		Unknown	
Name of person giving Information	Abraham Jenkins		How related to deceased		Husband	

CAUSES OF DEATH

Primary *Mitral Regurgitation*  
Immediate *Exhaustion*

79

How long

2 yrs

How long

Are the name, age, sex, color, date and place correctly given above?

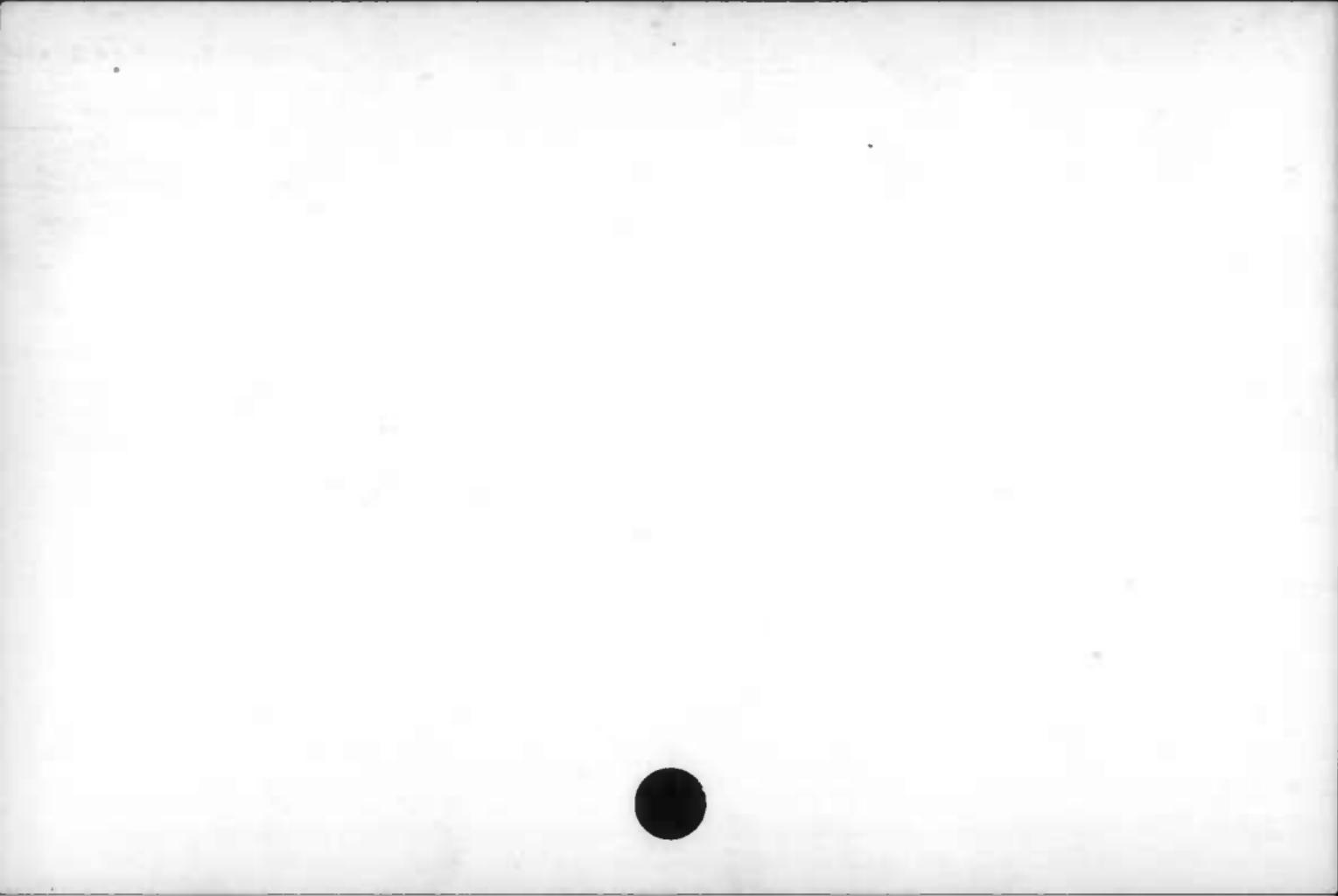
Signature of Physician

Address

J.W. King  
Baltimore Md

6

Accident or Suicide



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

William Cornelius Johnson

4

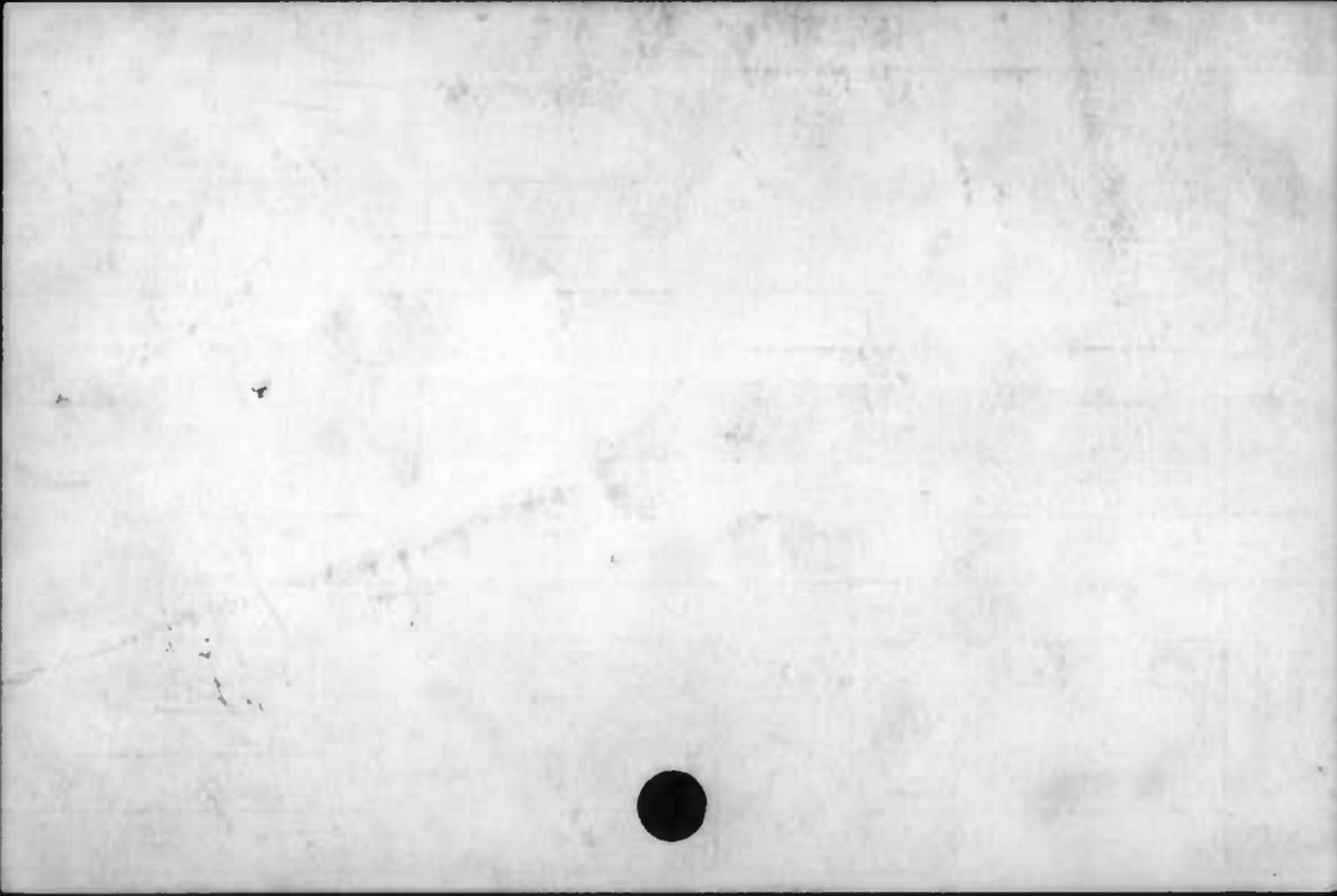
CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1909	Month April	Day 27	Years 0	Months 10	Days 27
Sex	Male	Color or Race	Colored		Birth-place	Wallerville, Md.
Occupation			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband				
Father's Name		Louis Johnson		Father's Birthplace		Wallerville
Mother's Maiden Name		Mary Brown		Mother's Birthplace		Wallerville
Name of person giving information		Mack Wallace		How related to deceased		Half-brother

CAUSES OF DEATH

179

Primary	Malaria	
Immediate	Exhaustion	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident or Suicide?		



Name  
in  
Full

Litia Virginia Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Brentsville		Calvert					
Date of death	1909	Month April	Day 7	Years —	Months 8	Days —	
Sax	Female	Color or Race	Blair	Birth-place	Calvert		
Occupation	Woman		Where Residing if not at place of death			—	
Married, Single or Widowed	Name of Wife or Husband		—			—	
Father's Name	Barber Jones		Father's Birthplace			Calvert	
Mother's Maiden Name	Susan Egan		Mother's Birthplace			Calvert Co	
Name of person giving Information	—		How related to deceased			—	

CAUSES OF DEATH

Primary

Burns by fire

167

How long

2 weeks

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

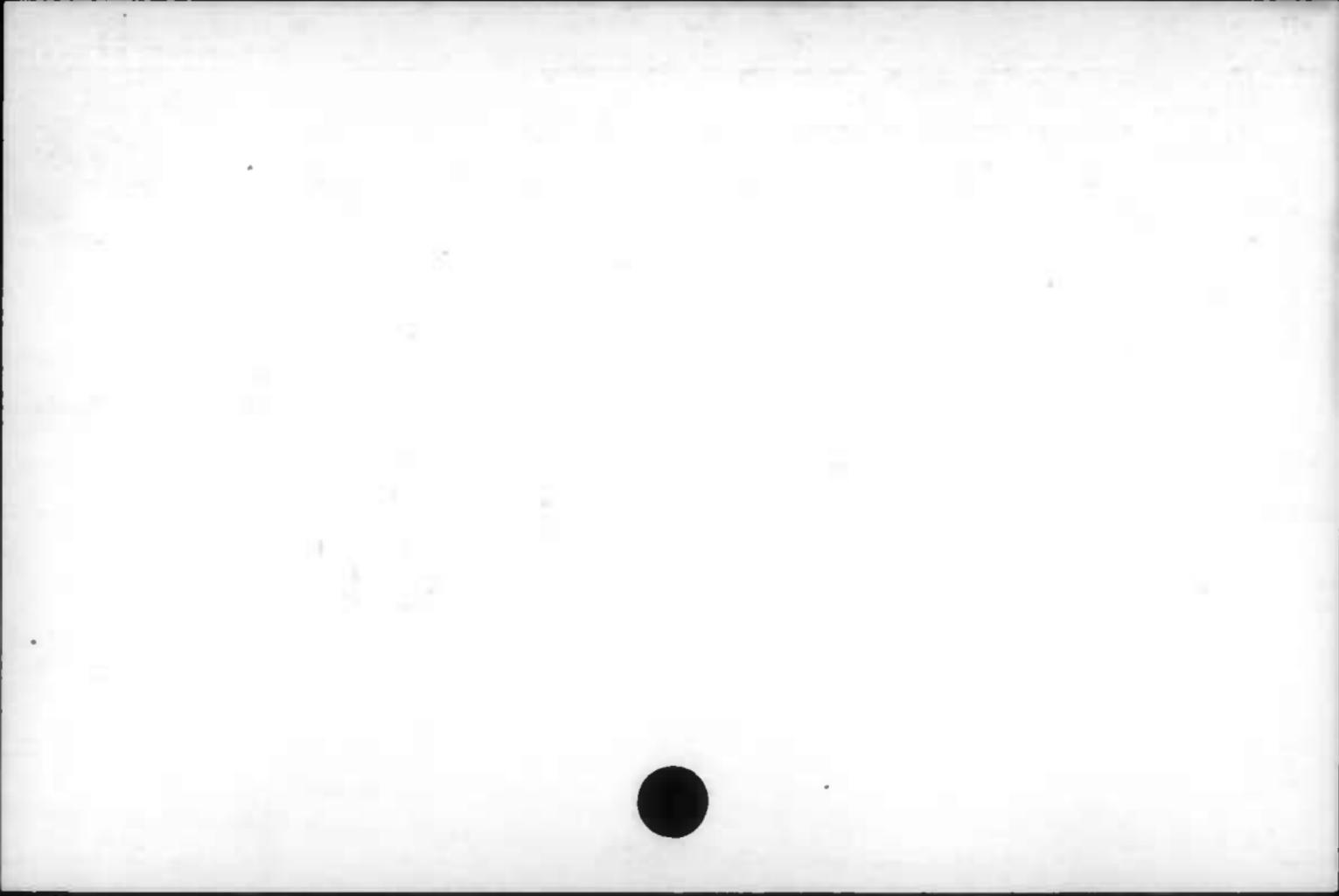
Signature of Physician

Address

J. N. King MD  
Brentsville

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Charles Shirley Gardner X

5

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at

Town

Baltimore, Md.

County

Baltimore

Date  
of death

Month

Day

Years

1909

April

29

58

Months

Days

Sex

Male

Color or  
Race

Adult

Birth-  
place

Baltimore

Occupation

Former

Where Residing if not  
at place of death

Baltimore

Married, Single-  
or Widowed

Married

Name of Wife or  
Husband

Sophia E. Wilson

Father's  
Name

Samuel Gardner

Father's  
Birthplace

Baltimore

Mother's  
Maiden Name

Elizabeth Gould

Mother's  
Birthplace

Baltimore

Name of person giving  
Information

Moscherosa Gardner

How related  
to deceased

wife

CAUSES OF DEATH

27

Primary

Tuberculosis

How long

5 mnts

Immediate

Emphysema

How long

one week

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Physician

mutual

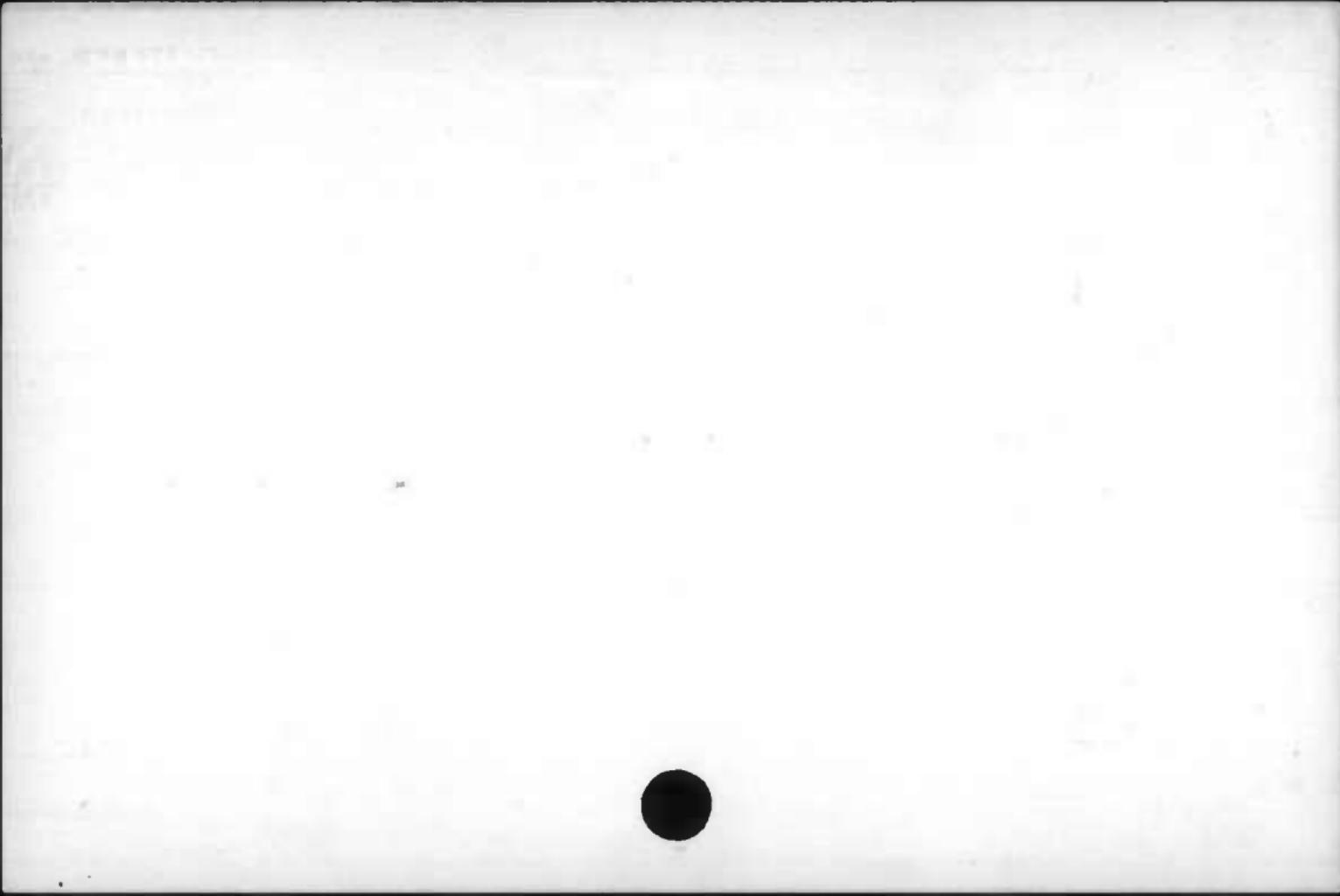
MD

PHYSICIAN  
OR CORONER

1

Accident or Suicide

No



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

PHYSICIAN  
OR CORONER

John Reed		X			
Died at River Point		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1909	Apr.	19	Still Born		
Sex	male	Color or Race	Black	Birth-place	Cal. Co
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Jessie Reed				
Mother's Maiden Name	Lydia Jones				
Name of person giving Information	Jessie Reed				

CAUSES OF DEATH

Primary

Still Born

Immediate

Are the name, age, sex, color, date and place correctly given above?

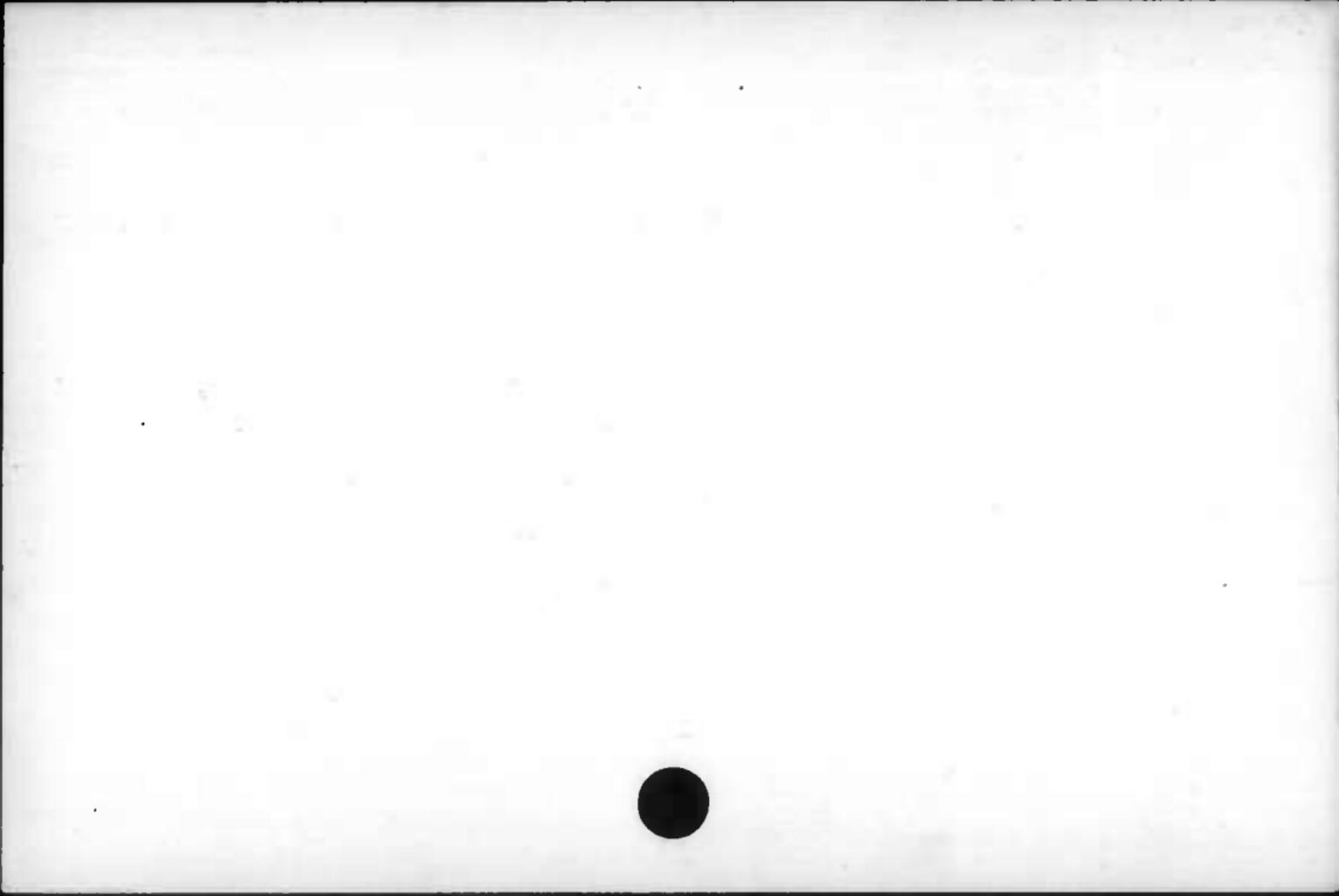
yes

Signature of Physician

Address

J. W. Leitch  
Huntington

Accident or Suicide



Name  
in  
Full

David Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Layzer</u>		Town <u>Town</u> County <u>Calvert</u>		X	
Date of death <u>1909</u>	Month <u>April</u>	Day <u>27</u>	Years <u>Age about 70</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birthplace <u>Calvert Co. Md.</u>			
Occupation <u>Farmer</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Martha Butler</u>				
Father's Name <u>Unknown</u>	Father's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Unknown</u>				
Name of person giving information <u>James Smith</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

66

Primary Paralysis

How long about 21 hours

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

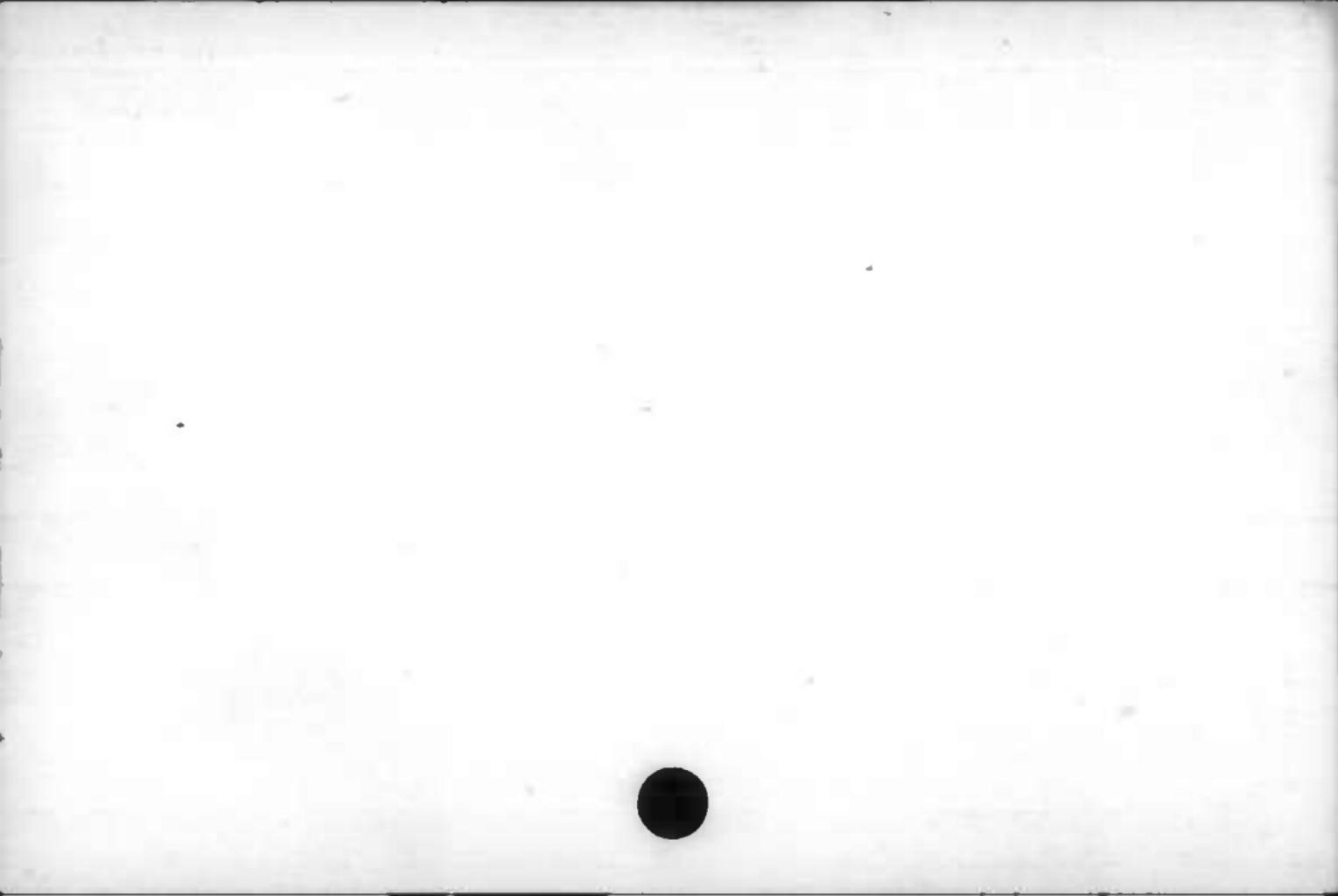
yes

Signature of Physician

Geo. F. Chambers M.D.  
Lusby, Calvert Co., Md.

Address

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Town		County		MARYLAND	
Died at Holland Pt.		Stinnett Calvert			
Date of death 1909	Month April	Day 10	Years —	Months 1	Days 7
Sax male	Color or Race	white		Birth-place Calvert Co	
Occupation none	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband —				
Father's Name	Hillie Stinnett				
Mother's Maiden Name	Hattie Howler				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

10

How long

1 week

Primary

Lagippe  
Congestion of lungs

Immediate

How long

1 day

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

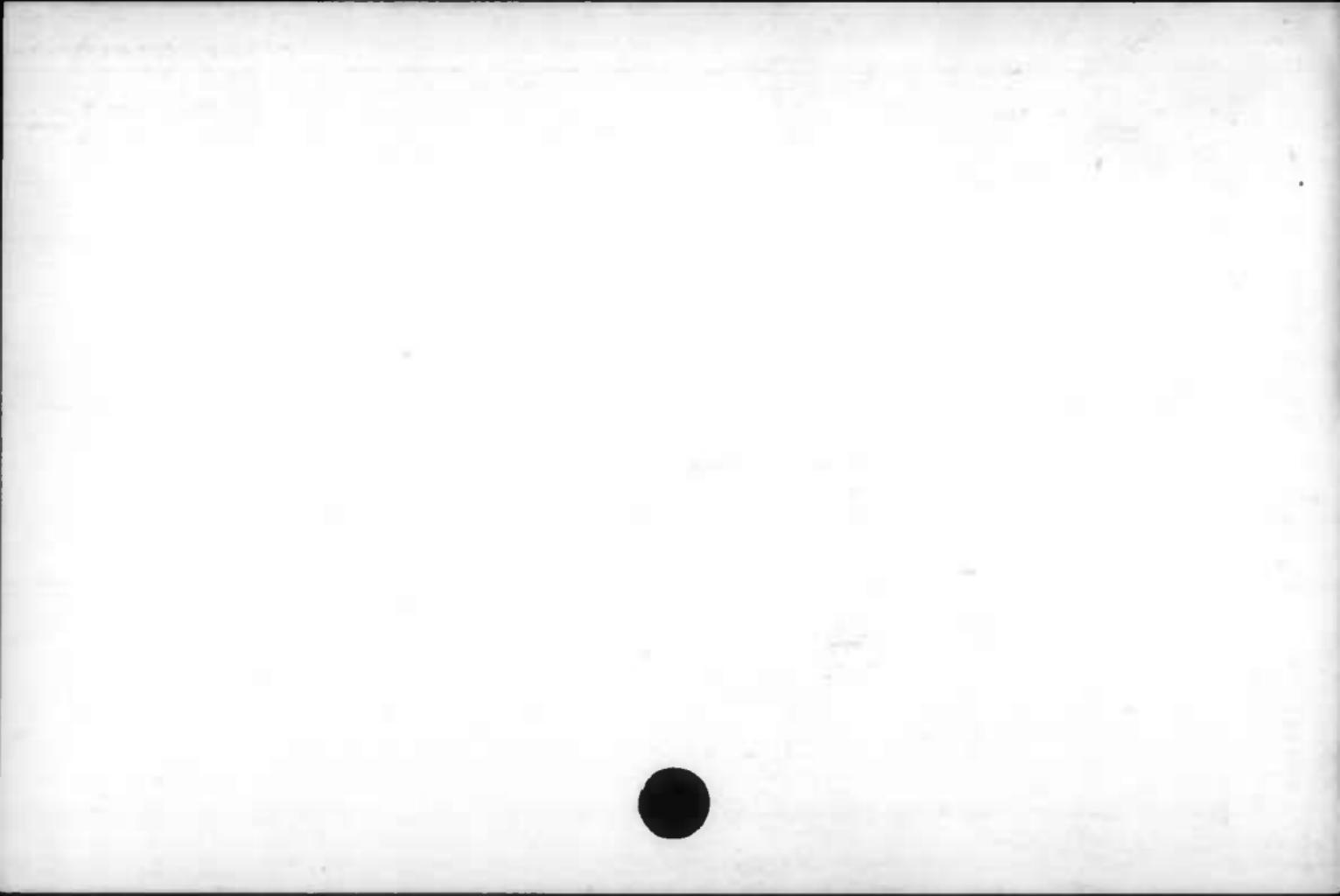
Signature of Physician

Address

S. M. T.ing

Barstow Md

Accident or Suicide



Name  
in  
Full

Annie Wilson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County			
Date of death	1909	Month April	Day 8	Years 2	Months —	Days —
Sex	Female	Color or Race	Cavest			
Occupation			Birth-place A. S. Co. Md.			
Married, Single or Widowed	Sinjer	Name of Wife or Husband	Where Residing if not at place of death			
Father's Name	Patrick Wilson			Father's Birthplace	Cavest, Md.	
Mother's Maiden Name	Anne Carter			Mother's Birthplace	Cavest, Md.	
Name of person giving Information	James Young			How related to deceased	not related	
CAUSES OF DEATH						8
Primary	Whooping Cough			How long	3 weeks	
Immediate	Exhaustion			How long	2 days	
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	W. R. M. Chaney, M.D.	
				Address	Chaney, Md.	
Accident or Suicide?						

